



1635

PATENT APPLICATION
Docket No. UBC.P-020-3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#8

Application of: Gleave, et al.
Application no.: 10/080,794
Filing Date: February 22, 2002
Confirmation No.: 2924
Title: TRPM-2 Antisense Therapy Using An Oligonucleotide Having 2'-O-(2-Methoxy)Ethyl Modifications
Art Unit: 1635

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Commissioner for Patents
P O Box 1450
Alexandria, VA 22313-1450

TECH CENTER 1600/2900

Applicant requests that the reference cited on the attached substitute form 1449 be included in the record of the above-referenced patent application. A copy of the reference is provided herewith.

No fee is believed to be due with this paper as we have not yet received an action on the merits. If necessary, the Commissioner is authorized to debit any additional fees deemed due from Deposit Account No. 15-0610.

Respectfully submitted,
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I hereby certify that this paper and the attachments named herein are being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P O Box 1450, Alexandria, VA 22313-1450 on June 23, 2003 by Mary Winston.

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Mary Winston
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INFORMATION DISCLOSURE STATEMENT
BY APPLICANT

Application No: 10/080,794

Filing Date: February 22, 2002

First Named Inventor: Gleave, et al.

Confirmation No.: 2924

Group Art Unit: 1635

Examiner Name: LaCourciere, Karen A.

Attorney Docket No.: UBC.P-020-3

FOREIGN PATENT DOCUMENTS

Examiner's Initials	Office	Number	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document	Pages where relevant passages appear
	WO	00/49937 A2	The University of British Columbia	Aug. 31, 2000	

This Information Disclosure Citation List is being submitted as a substitute for Form PTO-1449. The Examiner is requested to place his or her initials on the lines adjacent to the citations to indicate that the reference has been considered. The Examiner is further requested to fill in his or her name and the date the information was considered in blocks at the bottom of this substitute for Form PTO-1449.

Examiner: _____ Date Considered: _____